

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X6060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ont Name			m-11	Тъ		<u> </u>	
		Pot	ts Plex	(312) 9546 ish 75447 (mm/dd/yr)			ID#	
Establishm	ent Addre	ss (nn	mber and street, city, state, zip code)		3/19/2019 18-234			
			- New Alban, IN 47150	() Owner		, ,		
Owner		•	11.77	Purpose:	Follow-u	p Releas	se Date	
				1. Routine	No 10 days			
Owner's A	ddress			2. Follow-up	Summary of Violations:			
				3. Complaint	Building of Violations.			
Person in C	harge							
Jaco	y Bri	Hen		4. Pre-Operational	CA NCA RA			
Responsible	e Person's	E-ma	1	5. Temporary	Menu Type (See back of page)			
				6. HACCP	6. HACCP			
Certified F	ood Handl	er		7. Other (list)	1345			
				<u></u>			_•	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrati	<u>ve</u>		To Be Co	rrected By	
			No vielations.					
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Received by (name and title printed): Inspected by (name and title printed):								
DERRY H. BRITTON A.). Ingram (EHS)								
Received by (signature): Inspected by (signature):								
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cc:		-	cc:		cc;			
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